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CONFIRMATION NO. 1436

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
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| 10/765,694 | 01/27/2004 RULE | 422 | 1657 | 1459.008A |

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**** CONTINUING DATA *******

This appn claims benefit of 60/442,974 01/27/2003

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** * SMALL ENTITY ****
06/11/2004

| Foreign Priority claimed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|---|---|--|------------------|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | 22 | 3 |
| Verified and /LAURA J SCHUBERG/ Examiner's Signature | | Initials | MA | 7 | 20 | 2 |
| Acknowledged | | | | | | |

ADDRESS

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TITLE

Autologous coagulant produced from anticoagulated whole blood

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|-----------------------------------|---|--|
| FILING FEE RECEIVED 475 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
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